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NH Public Utilities Commission

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

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Basic Information

Aggregator Batch Number

Aggregator name

Facility Owner Name

Facility Address

Facility Town/City

Facility State

Facility Zip

Mailing Zip

Primary Contact

Karen Tenneson

Facility Information

Class

II

Utility

Unitil

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

NON85736

Date of Initial Operation

05/12/2016

Facility Operator Name, if applicable

Panel Make #1

Solarworld

Panel Model

SW275

Panel Quantity

16

Panel Rated Output

275

Other panel make

Other panel model

More Panel types?

- No
 Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- No
 Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Make

Other inverter make

Inverter Quantity

16

Additional Inverter Make

None

Add'l Inverter Quantity

Rated Output - Primary Inverter

215

Rated Output - Additional Inverter

System capacity based on single inverter make

3440

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

3.44

Revenue Grade Meter Make

Revenue Grade GIS Approved Meter

HIALEAH

Other revenue-grade GIS-approved meter

Was this facility installed directly by the customer (no electrician involved)?

- Yes
 No

Electrician Name & Number

Troy Diamond 12218M

Other Electrician Name & Number

Installation Company

Granite State Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Equipment Vendor Company Name

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

Other Monitor Name and Company

Is the installer also the equipment supplier?

- Yes
 No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

http://fs30.formsite.com/jan1947/files/f-5-99-7102317_wMCQ4rb1_gilmore_ex_b_complete_2.pdf

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter (meeting ANSI C-12.1-2008 for installations up to and including 10 kW, or ANSI C12.16 or better for installations greater than 10kW up to 1 mW) is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

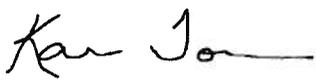
http://fs30.formsite.com/jan1947/files/f-5-168-7102317_GlCanOGn_gilmore_NHOS.pdf

Please attach additional document here

http://fs30.formsite.com/jan1947/files/f-5-173-7102317_ZbQiqbfB_Gilmore_SPIA.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Karen Tonnesen

Date Signed

06/28/2016



Certificate of Completion for Interconnection

Installation Information: _____ Check if owner-installed

Customer or Company Name (print): Thomas Gilmore

Contact Person, if Company: _____

Mailing Address: 233 Water St

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): (603) 796-2116 (Evening): _____

Facsimile Number: _____ E-Mail Address: trgilmore@tds.net

Address of Facility (if different from above): _____

City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Granite State Solar

Mailing Address: 197 North Main St

City: Boscawen State: NH Zip Code: 03303

Telephone (Daytime): (603) 369-4318 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@granitestatesolar.com

License number: 0366 C State: NH

Date of approval to install Facility granted by the Company: 05/10/2016

Application ID number: GID # 2055

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Boscawen, NH.
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Alan H. Hardy

Name (printed): Alan H. Hardy

Date: 5/12/2016

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

Thomas Gilman

Printed Name of signature owner



Signature of system owner



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information: Date Prepared: 3/25/16
Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)
Customer Name (print): Thomas Gilmore Contact Person, if Company:
Mailing Address: 233 Water St
City: Boscawen State: New Hampshire Zip Code: 03303
Telephone (Daytime): (603) 796-2116 (Evening):
Facsimile Number: E-Mail Address: trgilmore@tds.net

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):
Name: Granite State Solar
Mailing Address: 197 North Main St
City: Boscawen State: New Hampshire Zip Code: 03303
Telephone (Daytime): (603) 369-4318 (Evening):
Facsimile Number: E-Mail Address: justin@granitestatesolar.com

Electrical Contractor Contact Information (if appropriate):
Name: Telephone:
Mailing Address:
City: State: Zip Code:

Facility Information:
Address of Facility: 233 Water St
City: Boscawen State: New Hampshire Zip Code: 03303
Electric Service Company: Account Number: 1174825-1006072 Meter Number: 462044
Inverter Manufacturer: Enphase Model Name and Number: m215 Quantity: 16
Nameplate Rating: .215 (kW) (kVA) (AC Volts) Single X or Three Phase
System Design Capacity: 3.44 (kVA) (kVA)
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes X No
Prime Mover: Photovoltaic [X] Reciprocating Engine [] Fuel Cell [] Turbine [] Other []
Energy Source: Solar [X] Wind [] Hydro [] Diesel [] Natural Gas [] Fuel Oil [] Other []
UL 1741 (IEEE 1547.1) Listed? Yes X No
Estimated Install Date: TBD Estimated In-Service Date: TBD

Customer Signature
I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page.
Interconnecting Customer Signature: [Signature] Title: Homeowner Date: 25/3/16
Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)
Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes No [X] To be Determined):
Company Signature: [Signature] Title: [Signature] Date: 3/25/16
Company waives inspection/Witness Test? Yes No